

Health Workbook on Tuberculosis for Gram Panchayat Members



Name of the member :

Name of Panchayat, block, district, state :

Date of receiving the workbook :



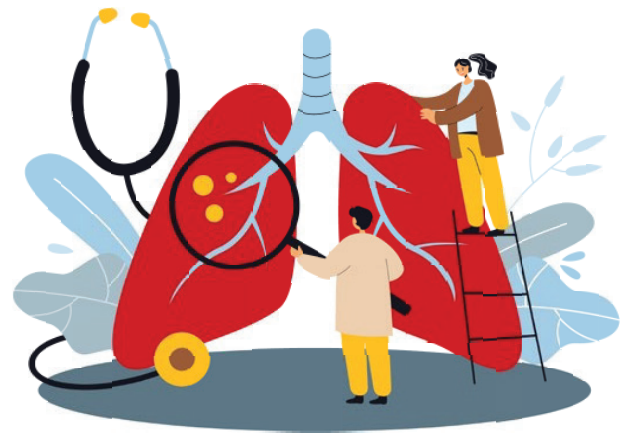
Abbreviations

| | |
|---------------|--|
| ANM | Auxiliary Nurse Midwife |
| ASHA | Accredited Social Health Activist |
| DR-TB | Drug-Resistant Tuberculosis |
| PDP | Panchayat Development Plan |
| HIV | Human Immunodeficiency Virus |
| MNREGA | Mahatma Gandhi National Rural Employment Guarantee Act |
| NPY | Ni-kshay Poshan Yojana |
| PLHIV | People Living with HIV |
| TB | Tuberculosis |
| TPT | Tuberculosis Preventive Therapy |
| TU | Tuberculosis Unit |
| VHIR | Village Health Index Register |
| VHSNC | Village Health, Sanitation and Nutrition Committee |



Tuberculosis(TB)

TB is a disease caused by bacteria spread from an infected person to other people through the air (coughing, sneezing or talking in close proximity). TB usually affects the lungs, but it can also affect all other parts of the body (except hair, nails and teeth).



Drug resistant-TB

If people with TB take the incorrect medication or stop taking their medication during the course of treatment, they may develop Drug-Resistant TB (DR-TB), which does not respond to one or more of the main TB drugs. DR-TB can also spread from one infected person to other people. This form of TB is also more difficult to treat and takes a longer duration of treatment (18-24 months).

TB statistics - India*

AROUND 29.5 LAKH

people get TB every year in India.

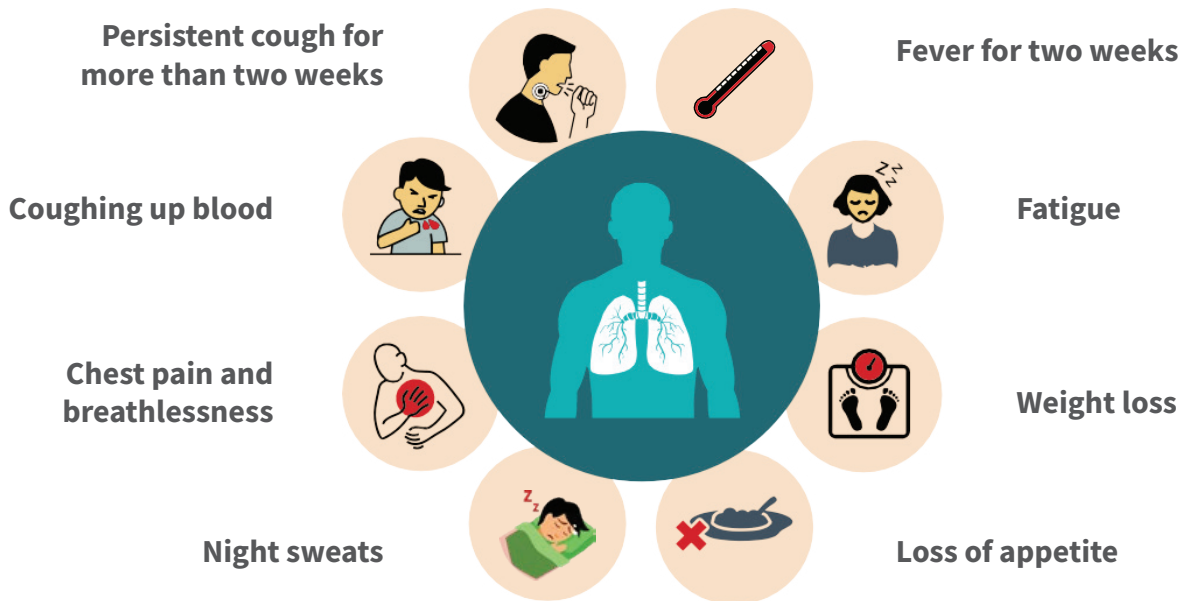
1.19 LAKH

people in India have DR-TB



*(World TB Report, 2022)

TB symptoms



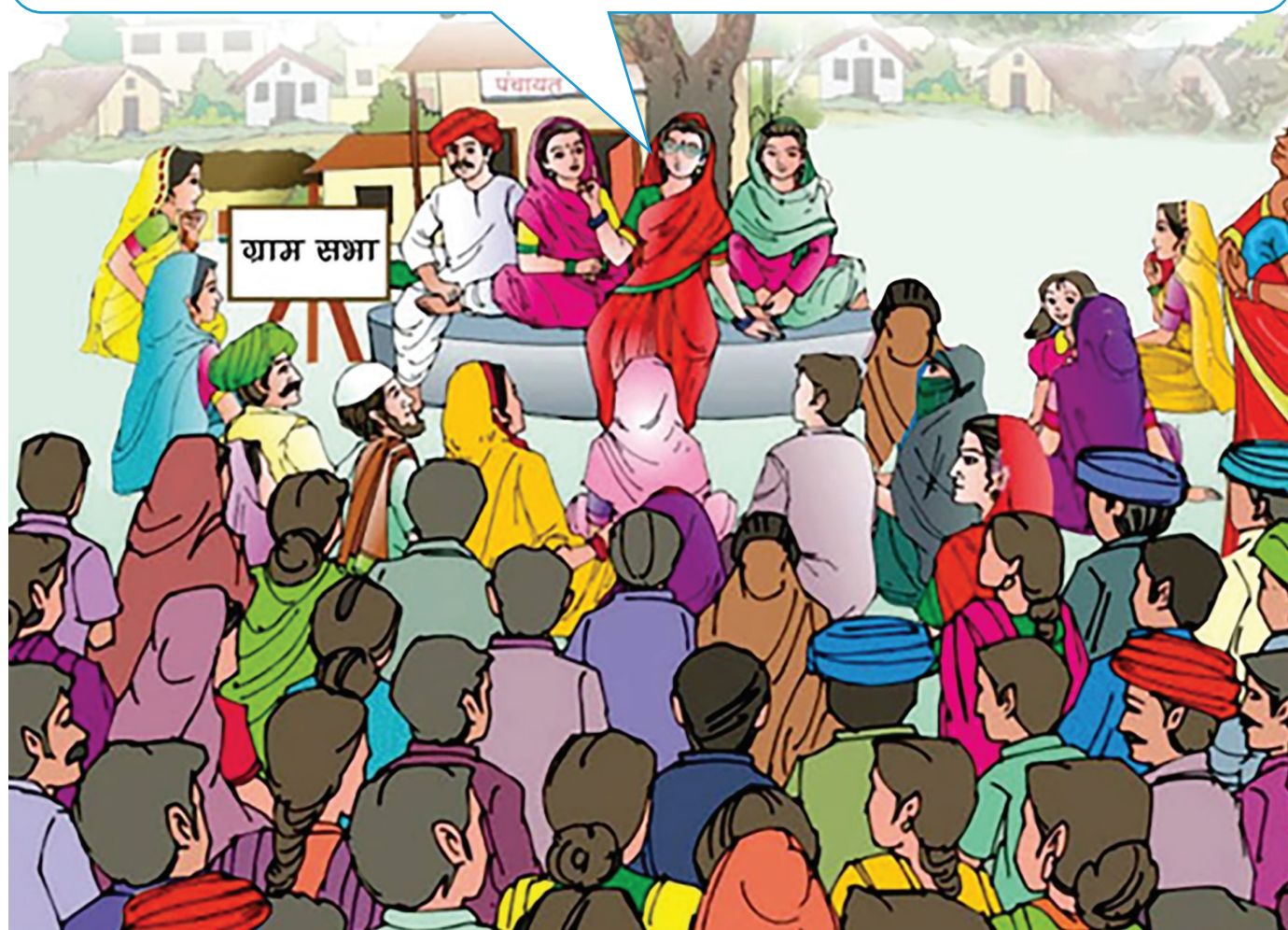
Available services and support for people with TB

- TB diagnosis and treatment are available free of cost at Health and Wellness Centres, primary health centres, community health centres, TB detection centres, designated microscopy centres and district hospitals.
- Diagnosis and treatment are also provided free of cost at government-affiliated private-sector hospitals.
- People with TB are provided ₹500 through Ni-kshay Poshan Yojana every month as supplementary nutrition support during treatment Rs 750 (one time) will be given to TB patients residing in Tribal TU. This amount is directly deposited into the patient's bank account. To avail this scheme, they are required to share their bank account number and mobile number with the ASHA/health worker.
- TPT or TB Preventive Therapy is a medication course provided to close contacts/household contacts of lung TB patients, children under five years of age, PLHIV (People living with HIV). The medication protects them from getting sick with TB. If a person is prescribed TPT by a Health worker, they should be encouraged to take the full course of treatment.



Key messages on TB

- TB can happen to anyone and is completely curable.
- If not treated, one person with TB can infect 10-15 people each year.
- If TB is diagnosed, treatment must be initiated at the earliest for a minimum of 6 months or longer, depending on the type of TB found. Within 2-3 months of treatment, people with TB are significantly less likely to spread TB to others.
- Completion of TB treatment, as per the doctor's advice, is most important; non-completion of treatment can lead to repeated episodes or even drug-resistant TB.
- People with TB should cover their mouth and nose while coughing or sneezing and take medications as per the recommended schedule.
- People with TB should dispose sputum appropriately by burying it.
- Don't isolate or discriminate against those with TB, rather support them and their families through their recovery.
- Nutritious diet (including dal, vegetables, grains, meats, etc.) is important to support the recovery of a person with TB.
- People with TB should cover their mouth



Working towards a TB-free Panchayat

Panchayats making measurable changes in supporting people with TB in their villages will be recognized for their efforts. To create a TB Mukta Panchayat, Gram Pradhans, with the support of VHSNC members and block officials, must ensure the following:

- For every 1000 people, 50 people are being tested for TB every year
- Total TB case notified should be less than 2 per 1000 people every year
- All close contacts of those diagnosed with TB (people residing in their home with them, people with whom they work, other people that they regularly interact with etc.) and vulnerable populations are screened for TB as well
- Ensure bacteriological confirmation of TB patients with Drug sensitivity test.
- Those diagnosed with TB should start and complete their full treatment
- All people with TB receive their patient entitlements under Ni-kshay Poshan Yojana
- Additional nutritional support provided to TB Patients by Ni-Kshay Mitra

Based on the targets given above, Gram Pradhans must calculate how many people must be tested every year. As an example, if a Panchayat has 10,000 people, there should be more than 300 people being tested for TB every year.

Please fill in the blanks below:

Panchayat population: _____

The number of people who should be tested for TB every year: _____

(Progress will be evaluated by the Gram Pradhan, VHSNC member, Panchayat member, CHO, ANM, block health official, and their village will be recognised for their work.)

Monitoring TB cases is critical to achieving Theme 2: Healthy villages as articulated by the Ministry of Panchayati Raj under Localization of Sustainable Development Goals in Panchayat Raj Institutions.

Gram Pradhans will be supported by:

District TB officer _____ Contact _____

Block Development Officer _____ Contact _____

Block Medical Officer _____ Contact _____

Senior Treatment Supervisor (STS) _____ Contact _____

Include TB in Panchayat Development Plans (PDPs)

As per PDP guidance documents issued by the Ministry of Panchayati Raj and Ministry of Rural Development, PDPs must include activities that support “100% treatment for TB” for TB free Panchayat, which includes the provision of TB drugs, Ni-kshay Poshan Yojana (NPY) implementation, sputum transportation, additional nutritional and social support, community engagement drives and campaigns, and active case finding and screening.

In the preparation of PDP plans, Gram Pradhans should plan and budget to support the following activities:

- Visits to health facilities for those with TB and those presumed with TB
- Transporting sputum for diagnosis and check-ups
- Disseminating TB messages through displays and events (street plays, wall paintings, posters, banners, etc.) in high-footfall areas
- Observe World TB Day in their villages through awareness activities
- Providing additional nutritional support for certain sections of the population (e.g., Below Poverty Line populations, people with Drug-Resistant TB and the elderly)
- Connecting those with TB to any existing social support/employment scheme such as MNREGA, which is under the purview of the Gram Pradhans

Gram Pradhans are encouraged to budget for any additional TB-related activities which suit the local context.



Raise awareness about TB and monitor program services through village committees and meetings

Gram Pradhans should leverage existing platforms such as VHSNCs to monitor TB programming and work with ASHA workers and other VHSNC members to address prevailing challenges

- Use community meetings to ask the community about challenges in testing and treatment and inform the community about government support available for people with TB
- Leverage other community gatherings, such as village melas and school events, to share information on TB

Please write examples of what kinds of community meetings you can use to share messages about TB

- Utilise VHSNC Untied Funds (annual ₹10,000) to support destitute women with TB or to support poor households of those with TB

Please write examples of what kind of support you can give to people with TB and their households by using the VHSNC untied funds

Please fill the table below during each VHSNC meeting (every month)

| Questions to ask | Month 1 | Month 2 | Month 3 | Month 4 | Month 5 |
|--|---------|---------|---------|---------|---------|
| ASHA | | | | | |
| Number of people presumed with TB tested in the month | | | | | |
| Number of people with TB identified in the month | | | | | |
| Number of Bacteriological confirmation with DST during the month | | | | | |
| Number of people with TB who started treatment during the month | | | | | |
| Total number of people with TB availing Ni-kshay Poshan Yojana benefit | | | | | |
| Additional nutrition support to TB patients | | | | | |
| Number of people on TPT | | | | | |
| Other VHSNC members | | | | | |
| Recording TB indicators in VHIR? (Fill in yes or no) | | | | | |

| Month 6 | Month 7 | Month 8 | Month 9 | Month 10 | Month 11 | Month 12 |
|---------------------|---------|---------|---------|----------|----------|----------|
| ASHA | | | | | | |
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| Other VHSNC members | | | | | | |
| | | | | | | |

What to do when a person approaches you with TB symptoms, or someone informs you that they know someone who may have TB?

- Enquire about the existing symptoms and inform the person about the common TB symptoms. These include a persistent cough for over 2 weeks, coughing up blood, mild fever, night sweats, chest pain and breathlessness, fatigue, weight loss and loss of appetite.
- If they have some or all TB symptoms, encourage them to check with a doctor and get tested for TB.
- Refer them to an ASHA worker, who can provide them with information about the nearest health facility.
- Remind them that anyone can get TB, and it is completely curable.
- Inform them about the free treatment for TB by the government and relevant support schemes and entitlements

You are at community meetings and events

- Address the stigma against TB and dispel myths and misconceptions about the disease.
- Inform people about the common symptoms and recognized risk factors for TB.
- Articulate that TB is completely curable and that it is safe to live with people with TB
- Encourage people to check with ASHAs and visit accredited doctors if they or someone in their family is experiencing TB symptoms





















You are participating in meetings at the block level (Jan Arogya Samiti and Panchayat Samiti) or interacting with administrative officials

- Raise issues raised in the VHSNC meetings on any field-level challenges faced by patients or the program to the Medical Officer
- Ensure participation of TB Champions who have overcome the disease to speak about their journey of resilience and way to recovery
- Receive a list of TB care providers available in the block, including doctors, chemists, diagnostics, etc., to share with village members who are looking for TB care

A checklist for Gram Panchayat members

The list can be used to track the ongoing TB activities by GP members at the village level

| | | |
|--|---|--|
| Have existing Gram Panchayat members been trained on TB? |  Yes |  No |
| Are village meetings and committees used to discuss TB Mukh Panchayat? |  Yes |  No |
| Are media (outdoor platforms, mid and mass media, social media, etc.) and public statements used to raise awareness about TB? |  Yes |  No |
| Are people made aware of TB disease, symptoms, places to seek care and existing support schemes for patients and their caretakers? |  Yes |  No |
| Is the community working towards reducing the stigma associated with TB? |  Yes |  No |
| Is TB included in the village's PDP plan? |  Yes |  No |
| Are ASHA's, ANMs, and front-line workers supported in aiding TB patients' recovery? |  Yes |  No |
| Are TB patients in the village connected to relevant support schemes? |  Yes |  No |
| Are people prescribed TPT taking their medications regularly? |  Yes |  No |



Central Tuberculosis Division

Ministry of Health & Family Welfare, Government of India
Jeevan Vihar Building (Ground Floor), 3, Sansad Marg, Connaught Place, New Delhi 110001, India

 Central TB Division

 TB Mukht Bharat

 Tb Mukht Bharat

 Tb Mukht Bharat

 www.tbcindia.gov.in | <https://dishadashboard.nic.in>

Ni-kshay Sampark Helpline: 1800-11-6666  <https://www.nikshay.in/>

Download TB Aarogya Sathi App to know more about TB